

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/522 052**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1	e	1		
5		1		1		
6		1	e	1		
7		1		1		
8		1	e	1		
9		1		1		
10		1	e	1		
11		1	/			
12		1				
13		1				
14		1				
15		1	e	1		
16		15		1		
17		15		1		
18		15		1		
19		15	e	1		
20		15		1		
21		15	e	1		
22		15		1		
23		15	e	1		
24		15	/			
25		15				
26		15				
27		15				
28		15		1		
29		15	e	1		
30		15		1		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	239	←	11	←		←
TOTAL CLAIMS	244		16			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						